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23363 7590 06/15/2005

CHRISTIE, PARKER & HALE, LLP  
PO BOX 7068  
PASADENA, CA 91109-7068

09/09/2005 LWONDIM2 00000025 09801949

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**Lindsey Lin**

(Depositor's name)

  
**September 6, 2005**

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/801,949	03/07/2001	John A. Anecki	<b>37494/JEC/B600</b>	5366

TITLE OF INVENTION: INTERACTIVE SYSTEM FOR AND METHOD OF AUTOMATING THE GENERATION OF LEGAL DOCUMENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$300	\$1700	09/15/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
HUTTON JR, WILLIAM D	2179	707-530000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**1 Christie, Parker & Hale, LLP**

2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Broadcom Corporation**

**Irvine, California**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

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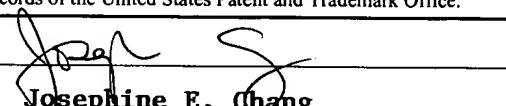
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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **03-1728** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

**September 6, 2005**

Typed or printed name **Josephine E. Chang**

Registration No. **46,083**

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